

FILED JAN 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43515

021/

BIRTH NO. _____ REG. DIST. NO. 64 PRIMARY REG. DIST. NO. 5347 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY <u>Chariton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Chariton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salisbury Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Salisbury Twp</u>	
c. LENGTH OF STAY (In this place) <u>49</u>		d. STREET ADDRESS (If rural, give location) <u>3 mi West of Salisbury</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3 miles West of Salisbury</u>			
3. NAME OF DECEASED (Type or Print)	a. (First) <u>Vilhee</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Lawrence</u>
4. DATE OF DEATH (Month) (Day) (Year)	<u>Dec 31-1950</u>		
5. SEX <u>M. O</u>	6. COLOR OR RACE <u>Wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>	8. DATE OF BIRTH <u>July 1, 1868</u>
9. AGE (In years last birthday) <u>82</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10b. KIND OF BUSINESS OR INDUSTRY <u>General Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Avon</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Lawrence</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Marston</u>	14. NAME OF HUSBAND OR WIFE <u>Frances Lawrence</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>David Lawrence</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		19. MAJOR FINDINGS OF OPERATION	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rhinitis Asthenic Schloer's</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 yrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Encephaloma</u>		<u>Sudden</u>	
DUE TO (c) <u>Prostatitis</u>		<u>332X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec 22, 1950</u> , to <u>Dec 31, 1950</u> , that I last saw the deceased alive on <u>12/31</u> , 19 <u>50</u> , and that death occurred at <u>10:30 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>W. K. Lawrence M.D.</u>	23b. ADDRESS <u>Salisbury Mo</u>	23c. DATE SIGNED <u>12/31-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Jan 2-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Shennandoah City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Shennandoah Iowa</u>
DATE REC'D BY LOCAL REG. <u>12/31/50</u>	REGISTRAR'S SIGNATURE <u>W. K. Lawrence</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C. B. Winkelmeyer</u>	ADDRESS <u>Salisbury Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 28 1953

JAN 8 1951

Date Received:
DISTRICT HEALTH OFFICE #2
District File Number 1-51-113
Date Filed: JAN 24 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed Chas B. Wilhelmeyer

Licensed Embalmer No. 3842

P. O. Address Salisbury Mo

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.